| F   | PATENT AP   | PLICATIO<br>Effect                         | in FEE DE<br>tive Octobe | 1 1, 20            | 301                                  | <br>W NEOO!!!    |              | E           | M                      | 19     | 4                 |                        |  |  |  |
|---|---|--|--------------------------|--------------------|--------------------------------------|------------------|--------------|-------------|------------------------|--------|-------------------|------------------------|--|--|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |  |                          |                    |                                      |                  | SMAL<br>TYPE | LEN         | _                      | 0A     | OTHER<br>SMALL    | THAN<br>ENTITY         |  |  |  |
| TOTAL CLAIMS  |   |  | 23                       |                    |                                      |                  | RAT          | Έ           | FEE                    |        | RATE              | FEE                    |  |  |  |
| FOR   |   |  | NUMBER FILED             |                    | NUMBER EXTRA                         |                  | BASIC        | FEE         | 3/900                  | OR     | ASIC FEE          | 740.00                 |  |  |  |
| TOTAL CHARGEABLE CLAIMS   |   |  | 23 min                   | us 20=             | •                                    | XS               | 9=           | 27          | OR                     | X\$18= |                   | r                      |  |  |  |
| INDEF   | ENDENT CLA  | IMS  | 2 minus 3 = *            |                    |                                      |                  | X4:          | 2•          |                        | OR     | X84=              |                        |  |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |  |                          |                    |                                      | +14              | 0=           | 1           | OR                     | +280°  | X                 |                        |  |  |  |
| • If the difference in column 1 is less than zero, enter "O" in column 2  |   |  |                          |                    |                                      |                  | TOT          | AL          | 382                    | OF     | TOTAL             |                        | <b> </b>                                     |  |  |
| CLAIMS AS AMENDED - PART II   |   |  |                          |                    |                                      |                  |              |             | OR                     | OTHER  |                   |                        |  |  |  |
| 4   | 08/07   | (Column 1)<br>CLAIMS<br>REMAINING<br>AFTER | - 5-                     | HIG<br>NUI<br>PREV | HEST<br>MBER<br>HOUSLY<br>D FOR      | PRESENT<br>EXTRA | RA           | TE          | ADDI-<br>TIONAL<br>FEE |        | RATE              | ADDI-<br>TIONAL<br>FEE |  |  |  |
| AMENDMENT   | otal  | AMENDMENT                                  | Minus                    | ** ,               | 23                                   | 4                | XS           | 9=          |                        | OR     | X\$18=            | 1                      |  |  |  |
|   | ndependent  | 2  | Minus                    | •••                | 3                                    | 9                | X4           | 2=          | 7                      | OR     | X84=              |                        |  |  |  |
|   | HAST PRESEN   | TATION OF                                  | MULTIPLE DE              | PENDE              | VITCLAIM                             |                  | +14          | iO= ,       | 10                     | OR     | +280=             |                        | 1  |  |  |
|   |   |  |                          |                    |                                      |                  |              |             | ADDIT, FEE             |        |                   |                        |  |  |  |
| 221-06 (Column 1) (Column 2) (Column 3)   |   |  |                          |                    |                                      |                  |              |             |                        |        | 1                 |                        |  |  |  |
|   |   | CLAIMS<br>REMAINING<br>AFTER               |                          | NL<br>PRE          | SHEST<br>RMBER<br>VIOUSLY<br>ED FOR  | PRESENT<br>EXTRA | RA           | TE          | ADDI-<br>TIONAL<br>FEE |        | RATE              | ADDI-<br>TIONAL<br>FEE |  |  |  |
| AMENDMENT B   | Total   | · /Z                                       | Minus                    | - 7                | 23                                   | - /              | XS           | 9=          | 1                      | OR     | X\$18=            | 1                      |  |  |  |
|   | Independent   | • 7  | Minus                    | •••                | 3                                    | 2                | X4           | 2=          | 7                      | OR     | X84=              |                        |  |  |  |
| 델   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |                          |                    |                                      |                  |              |             |                        | OR     | +280=             | 1                      |  |  |  |
|   | alala.  | F  |                          | ,                  |                                      |                  | ADDI         | TOTAL       |                        | QR     | TOTA<br>ADDIT, FE |                        | 1  |  |  |
| F   | 5/5/N   | Ocalumn 1                                  | í.                       | . (Co              | almo 2)                              | (Column 3)       | ,,,,,,,      |             |                        |        |                   |                        |  |  |  |
| ENTC  |   | REMAINING<br>AFTER                         | 3                        | HI<br>NI<br>PRE    | GHESY<br>UMBER<br>EVIOUSLY<br>ND FOR | PRESENT          | R            | ATE         | ADDI-<br>TIONAL<br>FEE |        | RATE              | ADDI-<br>TIONAL<br>FEE |  |  |  |
|   | Total .   | AMENDMEN                                   | Minus                    |                    | 43                                   | 1.77             | X            | 5 <b>9-</b> | 1                      | OR     | X318=             |                        | X  |  |  |
| AMENDA  | Independent   | . 4  | Mênus                    | 1=                 | 3                                    | 170              | ×            | 42=         | 1                      | OR     | X84=              | 17                     | 1  |  |  |
| 1   | FIRST PRESE   | NTATION OF                                 | MULTIPLE D               | PEND               | ENT CLAIR                            | 4                | -            | 40=         | X                      | ОЯ     | +280=             | K                      | 1  |  |  |
| •   | • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the Professional Print For IN THIS SPACE is less than 20, enter "20."  **If the Professional Print For IN THIS SPACE is less than 20, enter "20."  **ADDIT. FEE  ADDIT. FEE |  |                          |                    |                                      |                  |              |             |                        |        |                   | <b>X</b>               |  |  |  |
| **If the Yighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" (Total or independent) is the highest number tound in the appropriate box in column 1.  The "Vighest Number Previously Paid For" (Total or independent) is the highest number tound in the appropriate box in column 1. |   |  |                          |                    |                                      |                  |              |             |                        |        |                   |                        |  |  |  |
| 1   | tiva talkieta sen   |  |                          |                    |                                      |                  |              |             |                        |        |                   | OF COMMER              | <u>,                                    </u> |  |  |

Application o

| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  Application or Docket Number |  |                   |   |                    |                              |                   |  |              |                     |                        |
|--|--|-------------------|---|--------------------|------------------------------|-------------------|--|--------------|---------------------|------------------------|
| С  | LAIMS AS                                   | FILED - P         | ART I<br>(Colu  | mn 2)              | SMA<br>TYPI                  | LL EN             |  |              | OTHER T             | TITY                   |
| OTAL CLAIMS  |  | 2.3               |   |                    |                              | TE                | FEE  | 1_           | RATE                | FEE                    |
| OR   |  | NUMBER FIL        | ED NUMB   | NUMBER EXTRA       |                              | C FEE             | 35500  | OR B         | ASIC FEE            | 40.00                  |
| TOTAL CHARGEABL  | E CLAIMS                                   | 23 minu           | s 20= *   | •                  |                              | 9=                | 27   | OR           | X\$18=              |                        |
| NDEPENDENT CLAI  |  | 2) minu           | ıs 3 = *  | •                  |                              | 42=               |  | OR           | X84=                |                        |
| MULTIPLE DEPENDE   |  | RESENT            |   |                    |                              | 40=               | 7  | бR           | +280=               |                        |
| If the difference in   |  |                   | o, enter "0" in   | column 2           | TC                           | )TAL              | 382  | OR.          | TOTAL               | 区                      |
|  |  | MENDED            |   |                    |                              | ,                 | ENTITY   | OR           | OTHER T             |                        |
| DIVIUO   | (Column 1) CLAIMS REMAINING AFTER          |                   | (Column 2) HIGHEST NUMBER PREVIOUSLY  | PRESENT EXTRA      |                              | ATE               | ADDI-<br>TIONAL<br>FEE                           |              | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total Independent  | AMENDMENT                                  | Minus             | PAID FOR  | =97                | ×                            | \$ 9=             |  | OR           | X\$18=              | 1                      |
| Total Independent  | 1  | Minus             | 3   | 9                  | ]   ,                        | (42=              | /  | OR           | X84=                |                        |
| FIRST PRESEN   | ITATION OF M                               | IULTIPLE DEP      | ENDENT CLAIR  | M D                |                              | 140=              | X  | OR           | +280=               | 10                     |
|  |  |                   |   |                    | ADI                          | TOTAL<br>DIT. FEE | X  | OR           | TOTAL<br>ADDIT. FEE |                        |
| <b>8</b>   | (Column 1)<br>CLAIMS<br>REMAINING<br>AFTER |                   | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR                                   | PRESENT<br>EXTRA   | 1 Г                          | RATE              | ADDI-<br>TIONAL<br>FEE                           |              | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total Independent  | AMENDMENT                                  | Minus             | **  | =                  |                              | X\$ 9=            |  | OR           | X\$18=              |                        |
| Independent  | *  | Minus             | ###   | -                  | ] [                          | X42=              |  | OR           | X84=                |                        |
| THE DEPENDENT CLAIM  |  |                   |   |                    |                              |                   |  |              | +280=               |                        |
|  |  |                   |   |                    | - <b>I</b>                   | TOTAL<br>DIT. FEE |  | OR           | TOTAL<br>ADDIT. FEE |                        |
|  | (Column 1                                  | ,                 | (Column 2)  | (Column            |                              |                   |  | _            |                     |                        |
| O L  | (Column 1<br>CLAIMS<br>REMAINING<br>AFTER  |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                     | PRESENT            | ٦г                           | RATE              | ADDI-<br>TIONAL<br>FEE                           |              | RATE                | ADDI-<br>TIONAL<br>FEE |
| Tate!  | AMENDMEN                                   | Minus             | **  | =                  | 71                           | X\$ 9=            |  | OR           | X\$18=              |                        |
| Total Independent  |  | Minus             | ***   | E                  | コト                           | X42=              | 1  | OF           | X84=                | ,                      |
| FIRST PRES   | ENTATION OF                                | MULTIPLE D        | EPENDENT CL   | AIM                | <b>コト</b>                    |                   | <del>                                     </del> | 1            |                     |                        |
|  |  |                   | -tump 2 write "O" i   | in column 3.       | L                            | +140=<br>TOTA     |  | OF           | TOTA                |                        |
| * If the entry in col ** If the "Highest N ***If the "Highest N                                      | umbar Pravious                             | IV PAID FOI 114 1 | olumn 2, write 0 in HIS SPACE is less in HIS SPACE is less in I or Independent) |                    | "20." Al<br>3."<br>mber four | DDIT. FE          | E  | OF<br>box in | ADDIT. FE           | E <b>l</b>             |
| The "Highest Nu  | ımber Previously                           | y Paid For" (Tota | or independent)   | is the highest flu |                              | ne one Tree       | demark Office                                    | UST          | EPARTMENT           | OF COMMERC             |
|  |  |                   |   |                    | ~816                         | riculty lid       |  |              |                     |                        |